

**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 1 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|------------|---|---|
| 3225 | <p>An unannounced annual survey was conducted at this facility beginning March 5, 2012 and ending March 13, 2012. The facility census on the entrance day of the survey was 50. The survey sample was composed of 8 residents and included 6 sampled residents and an additional subsample of 2 residents. The survey process included observations, interviews, review of resident clinical records, facility documents and facility policies and procedures.</p> <p>Assisted Living Facilities</p> | <p>Responses to the cited deficiencies do not constitute an admission or agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiency. The plan of correction is prepared solely as a matter of compliance with state law.</p> |
| 3225.8.0 | <p>Medication Management</p> | |
| 3225.8.8 | <p>Concurrently with all UAI-based assessments, the assisted living facility shall arrange for an on-site medication review by a registered nurse, for residents who need assistance with self-administration or staff administration of medication, to ensure that:</p> | |
| 3225.8.8.1 | <p>Medications are properly labeled, stored and maintained;</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation of assistance with self administration of medications, staff interview and review of the AWSAM training manual it was determined that the facility failed to</p> | |

Provider's Signature

[Signature]

Title

ED

Date

5/8/2012



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents' Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 2 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|--|---|
| | <p>ensure that medications were properly labeled and maintained for two residents (Resident #SS1 and Resident #SS2) out of eight sampled. Findings include:</p> <p>1. Observation of medication labels conducted during the assistance with self administration of medications for Resident #SS1 on 3/12/2012 revealed the absence of the route of administration for one out of 2 (50%) medications. This finding was confirmed by the assigned E5 (AWSAM staff member). Although the route of administration was absent from the label of one prescribed medication, E5 (AWSAM staff member) proceeded to pour and to assist Resident #SS1 with oral self administration of the medication.</p> <p>The training manual, "Resource Guide For Assistance With Self Administration of Medication for Designated Care Providers (AWSAM)" stated to "Check all five rights (right resident, right drug, right dosage, right time and right route), every time you administer a drug...only when you are sure of the five rights do you AWSAM the medication..."</p> <p>This finding was reviewed with E1 (administrator), E2 (regional RN) and E3 (RN/DON) on 3/13/2012.</p> <p>Based on observation of assistance with self administration of medications, staff interview and review of the</p> | <p>3225.8.8.1.1 1. Both SS # 1 and SS # 2 continue to reside in the community. Immediately upon surveyors observation, Resident Services Director contacted the prescribing pharmacy to receive proper labels for those medications noted.</p> <p>2. All residents have the potential to be affected. All medication labels were checked for proper labeling and no other issues were identified.</p> <p>3. All nursing staff will be educated on medication management policies and AWSAM guidelines as it pertains to medication labels having the appropriate information on it and the 5 Rights.</p> <p>4. The Resident Service Director or designee will conduct random audits weekly times 1 month, and then quarterly of all medication labels. Medication administration and competency of Five Rights will continue to be observed during quarterly medication observations. Findings will be reviewed in monthly QA with corrective action as warranted.</p> <p>Completion Date: May 31, 2012</p> |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTORP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 3 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|--|--|
| | <p>AWSAM training manual it was determined that the facility failed to ensure that medications were properly labeled and maintained for two residents (Resident #SS1 and Resident #SS2) out of eight sampled. Findings include:</p> <p>1. Observation of medication labels conducted during the assistance with self administration of medications for Resident #SS1 on 3/12/2012 revealed the absence of the route of administration for one out of 2 (50%) medications. This finding was confirmed by the assigned E5 (AWSAM staff member). Although the route of administration was absent from the label of one prescribed medication, E6 (AWSAM staff member) proceeded to pour and to assist Resident #SS1 with oral self administration of the medication.</p> <p>The training manual, "Resource Guide For Assistance With Self Administration of Medication for Designated Care Providers (AWSAM)" stated to "Check all five rights (right resident, right drug, right dosage, right time and right route), every time you administer a drug...only when you are sure of the five rights do you AWSAM the medication..."</p> <p>This finding was reviewed with E1(administrator), E2 (regional RN) and E3 (RN/DON) on 3/13/2012.</p> <p>2a. Observation of medication labels</p> | |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 4 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|--|--|
| | <p>conducted during the assistance with self-administration of medications for Resident #SS2 on 3/12/2012 revealed the absence of the route of administration for one out of 5 (20%) medications. This finding was confirmed by the assigned E6 (AWSAM staff member). Although the route of administration was absent from the label of the prescribed medication, Amlodipine Besylate 5mg tablet, take 1 tab by mouth once daily, E6 (AWSAM staff member) proceeded to pour and to assist Resident #SS2 with oral self administration of the medication.</p> <p>The training manual, "Resource Guide For Assistance With Self Administration of Medication for Designated Care Providers (AWSAM)" stated to "Check all five rights (right resident, right drug, right dosage, right time and right route), every time you administer a drug...only when you are sure of the five rights do you AWSAM the medication..."</p> <p>These findings were reviewed at the survey exit conference attended by E1 (executive director), E2 (regional corporate nurse) and E3 (RN/DON) on 3/13/2012.</p> <p>2b. Observation of medication labels conducted during the assistance with self-administration of medications for Resident #SS2 on 3/12/2012 revealed the absence of the route of administration for a second medication</p> | |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 5 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|-------------|---|--|
| | <p>prescribed for Resident #SS2. This finding was confirmed by the assigned E6 (AWSAM staff member). Although the route of administration was absent from the label of the prescribed medication, Bupropion XL 150mg tablet, take 1 tab by mouth once daily, E6 (AWSAM staff member) proceeded to pour and to assist Resident #SS2 with oral self administration of the medication.</p> <p>The training manual, "Resource Guide For Assistance With Self Administration of Medication for Designated Care Providers (AWSAM)" stated to "Check all five rights (right resident, right drug, right dosage, right time and right route), every time you administer a drug...only when you are sure of the five rights do you AWSAM the medication..."</p> <p>These findings were reviewed at the survey exit conference attended by E1 (executive director), E2 (regional corporate nurse) and E3 (RN/DON) on 3/13/2012.</p> | |
| 3225.12.0 | Services | |
| 3225.12.1 | The assisted living facility shall ensure that: | |
| 3225.12.1.3 | Food service complies with the Delaware Food Code | |
| | This requirement is not met as evidenced by: | |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 6 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|---|---|
| | <p>Based on observations and interviews during the tour of the kitchen on 3/7/2012, it was determined that the facility failed to comply with sections: 4-101.11 (E), and 4-601.11 (B) of the State of Delaware Food Code.</p> <p>4-101.11 Characteristics.</p> <p>Materials that are used in the construction of utensils and food-contact surfaces of equipment may not allow the migration of deleterious substances or impart colors, odors, or tastes to food and under normal use conditions shall be:</p> <p>(E) Resistant to pitting, chipping, crazing, scratching, scoring, distortion, and decomposition.</p> <p>This requirement is not met as evidenced by:</p> <p>Observations at 12:05 PM of the ceiling mounted rack revealed that the Teflon coating of four (4) 8.5 inch outside diameter frying pans were scratched. F1 (Food Service Director) confirmed the finding.</p> <p>4-601.11 Equipment, Food-Contact Surfaces, Nonfood-Contact Surfaces, and Utensils.</p> <p>(B) The food-contact surfaces of cooking equipment and pans shall be kept free of encrusted grease deposits and other soil</p> | <p>4-101.11 And 4-601.11</p> <ol style="list-style-type: none">1. No single resident was affected by was affected by the identified practice. Upon notification of surveyor observation, order was placed to replace all frying pans and proper cleaning procedures was reviewed with all Dietary staff. New Teflon pans were delivered and put in use on March 15, 2012.2. All Teflon pans were checked for chipping and scratches. Pans identified with defects have been removed from service and replaced with new ones.3. All food service staff will be in-serviced on Sanitation Standards and inspection of kitchen equipment.4. Food Service Director or designee will conduct random rounds weekly times 1 month and then quarterly to assure compliance of Food Code Standards. Findings will be reviewed in monthly QA with corrective action as warranted. <p>Completion Date: May 31, 2012</p> |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTORP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 7 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|------------------|--|--|
| | <p>accumulations.</p> <p>This requirement is not met as evidenced by:</p> <p>1. Observations at 12:10 PM of the ceiling mounted rack revealed that the food-contact surface of the 15 inch outside diameter frying pan was encrusted with black debris. F1 (Food Service Director) confirmed the finding.</p> | |
| 3225.13.0 | <p>Service Agreements</p> | |
| 3225.13.4 | <p>The facility shall be responsible for appropriate documentation in the service agreement for services provided or arranged by the facility.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on review of the clinical record and staff interview it was determined that the facility failed to ensure that the service agreement for one resident (Resident #2) out of eight included the signature and the date of the resident or her representative for services provided or arranged by the facility. Findings include:</p> <p>Review of the current service agreement dated 2/12/2012 revealed the absence of the date and signature of Resident #2.</p> <p>These findings were reviewed at the survey exit conference attended by E1 (executive director), E2 (corporate</p> | <p>3225.13.4</p> <ol style="list-style-type: none">1. Resident # 2 continues to reside within the community. Upon review of surveyor's observation, the service agreement was reviewed with POA on April 1, 2012.2. All residents have the potential to be affected. An audit will be completed on all service agreements to make sure that all signatures and dates have been obtained.3. Resident Service Director will create tickler system to ensure that all service agreements are reviewed, signed and dated timely.4. The NHA/Designee will complete a random audit monthly x 3 months of all scheduled service plans due for completion to ensure compliance with resident review and signature. Findings will be reviewed with the RSD with corrective action as warranted. <p>Completion Date: May 31, 2012</p> |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 8 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|-----------|--|---|
| 3225.13.5 | <p>nurse) and E3 (RN/DON) on 3/13/2012.</p> <p>The service agreement shall be developed and followed for each resident consistent with that person's unique physical and psychosocial needs with recognition of his/her capabilities and preferences.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on clinical record reviews and staff interviews it was determined that the facility developed a service agreement that failed to address the risk of elopement and an actual elopement exhibited by one resident (Resident #2) out of eight sampled. The facility also developed a service agreement that failed to address weight loss sustained by one resident (Resident #5) out of eight sampled. Findings include:</p> <p>1. Cross refer 3225.19.7, 3225.19.7.2 Neglect as defined in 16 Del.C 1131.</p> <p>Review of the clinical record revealed that the facility developed a service agreement dated 2/13/2012 without specific interventions that addressed or monitored the risk of elopement prior to or following an actual elopement exhibited by Resident #2.</p> <p>These findings were reviewed at the survey exit conference attended by E1</p> | <p>3225.13.5</p> <ol style="list-style-type: none">1. Resident # 2 and Resident # 5 continue to reside within the community. Both service agreements were updated to reflect current status.2. All service plans were reviewed by the RSD to ensure that they reflect the resident's current status. All issues identified during review have been corrected.3. The Resident Service Director will update the Service Agreements as needed with any changes in condition and care needs.4. The NHA/Designee will complete a random audit monthly x 3 months then quarterly of 10% of the resident population service plans to ensure compliance. Findings will be reviewed with corrective active as warranted. <p>Completion Date: May 31, 2012</p> |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

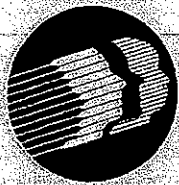
STATE SURVEY REPORT

Page 9 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|---|--|
| | <p>(executive director), E2 (regional corporate nurse) and E3 (RN/DON) on 3/13/2012.</p> <p>2. Clinical record review revealed that Resident #5 had diagnoses that included dementia, depression, bipolar disorder, hypothyroidism and anemia. According to the annual UAI dated 3/15/2011 Resident #5 was oriented to self only and exhibited short term and long term memory problems. Additionally Resident #5 required supervision, set up, cueing, coaching, and reminders of meal time.</p> <p>Further review of the above referenced UAI revealed the absence of any documented unplanned weight changes experienced by Resident #5. However review of the facility form entitled "Fax Physician Order Sheet" and dated 12/6/2011 revealed that "(Resident #5 with) 14 (pounds) weight loss the past two months...". Clinical record review revealed that monthly weights recorded between October 2011 and December 2011 on the facility form "Monthly Record of V/S (vital signs) and Weights" were as follows:</p> <p>October 2011-----154 lbs November 2011-- 147 lbs, -7 lbs December 2011---140 lbs, - 7 lbs</p> <p>Upon closer review of the "Monthly Record of V/S and Weights" form it was revealed that Resident #5 maintained a stable weight ranging from 148.5 lbs to 158 lbs between</p> | |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 10 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|-----------|---|---|
| 3225.13.6 | <p>January 2011 and September 2011. The annual service agreement dated 3/15/2011 also revealed the absence of specific interventions to address weight loss sustained by Resident #5.</p> <p>These findings were reviewed at the survey exit conference attended by E1 (executive director), E2 (corporate nurse) and E3 (RN/DON) on 3/13/2012.</p> <p>The service agreement shall be reviewed when the needs of the resident have changed and, minimally, in conjunction with each UAI. Within 10 days of such assessment, the resident and the assisted living facility shall execute a revised service agreement, if indicated.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on clinical record review and staff interviews it was determined that the facility failed to revise and to execute an annual service agreement for one resident (Resident #4) out of eight sampled. Findings include:</p> <p>Review of Resident #4's clinical record revealed the sole completed annual service agreement was dated 8/14/2010. Further review of the clinical record revealed the presence of a single care plan developed "Fall Risk" and dated 8/21/2011. The facility failed to review and to execute a complete</p> | <p>3225.13.6</p> <ol style="list-style-type: none">1. Resident # 4 no longer resides within the community.2. All the service plans were audited by the RSD to ensure that they were current. All issues identified during audit have been corrected3. Resident Service Director will create tickler system to ensure that all service agreements are reviewed, signed and dated timely.4. The NHA/Designee will complete a random audit monthly x1 month of all scheduled service plans due for completion to ensure compliance and then quarterly. Findings will be reviewed with the RSD with corrective action as warranted <p>Completion Date: May 31, 2012</p> |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 11 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|-------------|--|---|
| 3225.19.0 | annual service agreement for Resident #4. These findings were reviewed at the survey exit conference attended by E1 (executive director), E2 (corporate nurse) and E3 (RN/DON) on 3/13/2012. Records and Reports | |
| 3225.19.5 | Incident reports, with adequate documentation, shall be completed for each incident. Records of incident reports shall be retained in facility files for the following: | |
| 3225.19.5.1 | All reportable incidents. This requirement is not met as evidenced by: Based on clinical record review and staff interviews it was determined that the facility failed to ensure that two incidents of unwitnessed falls with injury were completed with adequate documentation for one resident (Resident #4) out of eight sampled. Findings include: The facility policy, Incident/Accident Reporting Process, states "...4.0 Documentation Requirements : 4.1 Reportable Incidents...7. A thorough investigation must be completed for all reportable incidents/accidents..." According to the facility policy, Incident/Accident Investigation Process, "...The following reportable | 3225.19.5.1 <ol style="list-style-type: none">1. Resident # 4 no longer resides within the community.2. All residents have the potential to be affected.3. All nursing staff will be educated on community's policy for Incident / Accident Reporting Process as well as how to properly investigate an unwitnessed falls.4. Incident Reports will be reviewed by Resident Services Director and Executive Director to ensure that all investigations are completed within guidelines set forth by company policy. Corrective action will be taken immediately as warranted. Completion Date: May 31, 2012 |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 12 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|--|--|
|---------|--|--|

| | | |
|--|---|--|
| | <p>allegations and/or events are considered serious... (and) require a prompt investigation: Any event that is reportable to the state, any fall resulting in a significant injury... any resident injury requiring treatment by or transfer to an acute care setting... fractures (...of unknown source)..."</p> <p>Review of Resident #4's clinical record revealed diagnoses that included dementia, osteoporosis and hypertension. According to the UAI dated 8/12/2011 Resident #4 was oriented to self only and experienced short-term memory and long-term memory problems. Additionally Resident #4 had difficulty making herself understood.</p> <p>1a. Clinical record review revealed a nurse's note dated 9/24/2011 and timed 11:50 AM that stated "Caregiver called this on call nurse (at approximately) 5:50 AM stating... (Resident #4) was laying on floor... Bleeding from nose (with) swelling and bruising to the face... caregiver instructed to call 911...". Another nurse's note dated 9/27/2011 and timed 7:30 PM stated "(Resident #4) returned to facility... (diagnosis): nasal (fracture), UTI, dementia..."</p> <p>Review of the facility incident report dated 9/24/2011 and timed 5:50 AM revealed "(Resident #4) noted on the floor next to bed. Blood coming from</p> | |
|--|---|--|



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 13 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|---|--|
| | <p>nose. Swelling and bruising to face. Sent out 911". The above referenced incident report also indicated that Resident #4 sustained an "unwitnessed fall". Further review of the requested incident and investigation report revealed the absence of a completed investigation of the incident dated 9/24/2011 and timed 5:50 AM. When this surveyor requested the report of the investigation incident dated 9/24/2011 a second time the facility failed to provide adequate documentation of an unwitnessed fall with injury sustained by Resident #4 who required the transfer to an acute care facility for treatment and as required by facility policy.</p> <p>In an interview conducted on 3/12/2012 with E4 (licensed staff member), on-call the morning of 9/24/2011, she stated that she was notified of Resident #4's fall with injury but did not inquire how or why the incident occurred. In an interview conducted with E5 (assigned licensed staff member) on 3/12/12 she was unaware of the cause of Resident #4's fall and was unable to provide any further information of this incident involving Resident #4 on 9/24/2011. Further attempts to interview the remaining caregiver staff assigned to the 11-7 shift on 9/24/2011 were unsuccessful as the staff could not recall the incident with injury sustained by Resident #4.</p> <p>The facility failed to ensure adequate documentation was provided for a</p> | |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 14 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|--|--|
|---------|--|--|

reportable incident with injury sustained by Resident #4 that also required transfer to an acute care facility for treatment. This finding was reviewed with E1 (administrator), E2 (regional RN) and E3 (RN/DON) on 3/13/2012.

1b. Review of Resident #4's clinical record revealed a nurse's note dated 12/23/2011 and timed 4:30 PM that stated "At (approximately) 2:50 PM (Resident #4)...sitting on floor...yelling out, hurt...hurt...my foot...(sent) to (acute care facility)...". Another nurse's note dated 12/24/2011 and without a specific time stated "(Resident #4) returned to facility...diagnosis...fall without injury... (complaining of) pain when moved by caregivers...(acute care facility) notified assisted living facility (at 9:00 AM)...report this morning...fracture (of left hip)...".

Review of the facility incident report dated 12/23/2011 and timed 2:50 PM revealed "... (Resident #4) sitting on the floor next to a chair...yelling out in pain, repeating hurt, hurt, hurt...my foot". Further review of the above referenced incident report revealed that Resident #4 sustained an unwitnessed fall. Additionally the facility was unable to provide this surveyor a completed investigation of the unwitnessed fall sustained by Resident #4 on 12/23/2011. The facility failed to provide adequate documentation or a thorough investigation of a reportable incident that required the transfer of



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents' Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 15 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|------------------------------|--|--|
| 3225.19.7 3225.19.7.2 | <p>Resident #4 to an acute care facility for treatment on 12/23/2011 and according to facility policy.</p> <p>In an interview conducted with E6 (assigned caregiver) on 3/12/2012 she stated she was on an assigned break when Resident #4 sustained an unwitnessed fall and returned to the unit as an ambulance arrived to transfer Resident #4 to an acute care facility on 12/23/2011. During an interview with E7 (caregiver) on 3/13/2012 she stated that she reported on duty, 12/23/2011, to observe Resident #4 sitting on the floor and informed the nurse on duty.</p> <p>The facility failed to ensure adequate documentation was provided for a reportable incident that required transfer to an acute care facility for injuries sustained by Resident #4. This finding was reviewed with E1 (administrator), E2 (regional RN) and E3 (RN/DON) on 3/13/2012.</p> <p>Reportable incidents include:</p> <p>Neglect as defined in 16 Del.C 1131.</p> <p>16 Del., C., Chapter 11, Subchapter III</p> <p>Subchapter III. Abuse, Neglect, Mistreatment or Financial Exploitation of Residents or Patients</p> <p>Section 1131. Definitions.</p> | |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 16 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|---|--|
| | <p>When used in this subchapter the following words shall have the meaning herein defined. To the extent the terms are not defined herein, the words are to have their commonly-accepted meaning.</p> <p>(9) "Neglect" shall mean:</p> <p>a. Lack of attention to physical needs of the patient or resident including, but not limited to toileting, bathing, meals and safety.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on clinical record review and staff interviews, it was determined that the facility failed to provide attention to the physical needs and safety for two residents (Resident #2 and Resident #6), out of eight sampled, who eloped from the facility without the knowledge of staff. Findings include:</p> <p>1. Review of the clinical record revealed that Resident #2 was initially admitted to the assisted living facility on 2/13/2011 then transferred to the secured unit of the facility on 4/1/2011 with diagnoses that included dementia, thyroid goiter, osteopenia, degenerative joint disease, hypertension, atrial fibrillation and bipolar disorder. According to the initial UAI dated 2/11/2011 Resident #2 was oriented to self and place and experienced short-term memory</p> | <p>3225.19.7.2</p> <ol style="list-style-type: none">1. Resident # 2 continues to resident within the community. Resident # 6 no longer resides within the community.2. All residents at risk for elopement have the potential to be affected.3. The facility will establish a protocol to ensure security of the facility when the main door is required to be open for move in/move outs. Resident activities will be moved onto the units and resident attendance will be taken during that time. All direct care staff and license staff will be educated on early identification and reporting of behavioral changes. All respite with history of behaviors/elopement will be placed on hourly checks x 30 days upon admit. Hourly checks will be reviewed daily by the RSD to ensure appropriate interventions have been implemented.4. Random quarterly elopement drills will be completed by the NHA/designee to ensure compliance and findings will be reviewed with corrective action. <p>Completion Date: May 31, 2012</p> |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 17 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|--|--|
| | <p>problems. Additionally the above referenced UAI revealed Resident #2 was absent a history of wandering.</p> <p>The facility form, "Admission Nursing Assessment", also completed on admission to the secured facility on 4/1/2011, revealed that Resident #2 was assessed as disoriented to time and place, anxious and a wanderer. Clinical record review also revealed a facility "Wandering/Elopement Risk Review Form" completed on 2/13/2011 with a score of "15" that indicated Resident #2 was "at risk" for elopement. Prior to elopement from the facility on 12/31/2011 assessments of elopement risk dated 4/1/2011 and 10/25/2011 with scores of "13" revealed that Resident #2 remained "at risk" for elopement.</p> <p>According to a completed facility incident report dated 12/31/2011 and timed 3:45 PM, Resident #2's elopement from the facility was unknown until she was observed knocking on the front door for entrance. Further review of the above referenced incident report revealed that Resident #2 returned to the facility approximately 10 minutes after her presence was last observed "(approximately) 10 minutes before the incident. The facility failed to ensure that Resident #2's physical needs and safety were provided for.</p> <p>These findings were reviewed at the survey exit conference attended by E1 (executive director) and E2 (corporate</p> | |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 18 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|---|--|
| | <p>nurse) on 3/13/2012.</p> <p>2. Review of the clinical record revealed that Resident #6 was admitted as a respite to the assisted living facility on 6/29/2011 with diagnoses that included documentation dementia and glaucoma. According to the initial UAI dated 6/29/2011 Resident #6 was alert and oriented to time, place and person. Additionally Resident #6 was assessed with short term memory and long term memory problems.</p> <p>Further review of the clinical record revealed a facility form, "Admission Nursing Assessment", completed 6/29/2011 that revealed Resident #6 was alert and oriented to time, place and person but was also confused.</p> <p>The initial service agreement dated 6/29/2011 indicated Resident #6 was independent in ambulation and not considered an elopement risk. However a nurse's note dated 7/5/2011 and timed 11:45 PM stated "...nurse (was called and informed) at 9:40 PM... (an anonymous phone call was received in regard to) an elderly person walking down the street... head count done... (Resident #6) missing... tore window frame off and knocked out the screen from bedroom window... 911... called... Caregivers found (Resident #6) knocking on... door (of private home but Resident #6 would not return to the facility with caregivers)... State police took (Resident #6) to acute care facility)...".</p> | |



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTORP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 19 of 19

NAME OF FACILITY: Somerford Place

DATE SURVEY COMPLETED: March 13, 2012

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED |
|---------|---|--|
| | <p>Another nurse's note dated 7/6/2011 and timed 11:00 AM stated "...admitted to (acute) care facility. Respite stay ended..."</p> <p>According to the completed facility incident report dated 7/5/2011 Resident #6 eloped through the window in her room after the removal of the window frame and screen. The facility was unaware of the elopement of Resident #6 until notified by phone call at 9:40 PM of the sighting of an elderly person which was confirmed by resident room checks.</p> <p>The facility failed to ensure that Resident #6's physical needs and safety were provided for. These findings were reviewed at the survey exit conference attended by E1 (executive director), E2 (corporate nurse) and E3 (RN/DON) on 3/13/2012.</p> | |